

Date

_____, hereafter referred to as "Parent", is the parent and/or legal guardian of _____, a minor, and agrees:

- 1) That _____ has my/our permission to participate in an organized activity of *Midland Classical Academy*, known as _____, and hereafter referred to as "THE TRIP", along with all activities thereof.
- 2) That participation in the activities on THE TRIP constitutes an inherent risk of injury.
- 3) That the sponsors of THE TRIP are given my/our permission to supervise and control our child's participation in the activities of THE TRIP.

I/We further agree that the sponsors on THE TRIP or any representative of *Midland Classical Academy* has my/our permission to seek medical attention for _____, with the same authority as _____.

Further, in consideration of the services performed by *Midland Classical Academy*, the employees, and volunteers of *Midland Classical Academy* are herewith released from liability for all actions taken in good faith during THE TRIP.

Parent/Guardian's Insurance Carrier:

Policy Number:

Agent/Carrier's Phone Number:

Parent/Guardian Signature: